

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M 'G		10/29/99
O.I.P.E. CLASSIFIER			5/11-5-99
FORMALITY REVIEW	MP	68231	Nov 10 1999

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	8/20
2			5/02
3			12/02
4			8/07
5			12/03
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30	✓	✓	✓
31	✓		
32	✓		
33	✓		
34	✓		
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	0 0 0
45	✓	✓	0 0 0
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	0 0 -
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Claim	Final	Original	Date
51	✓	✓	8/20
52	✓	✓	8/20
53	✓	✓	8/20
54	✓	✓	8/20
55			12/03
56			
57			✓
58			✓
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Claim	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions
see additional sheet here

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